REMARKS

The allowance of Claims 1-18 is gratefully acknowledged.

Claims 19 and 20 were rejected under 35 U.S.C. §102(3) as being anticipated by US patent application publication no. 2003/0055459 (Lyster et al.). Claim 19 describes an apparatus for delivering electrotherapy in one of a plurality of delivery modes, comprising a mode selector; and an electrotherapy delivery circuit, responsive to the mode selector, which is selectively configured as one of a voltage source or a modified current source, depending upon the delivery mode. In the Lyster et al. application, a defibrillator is selectively configured as either an adult or a pediatric defibrillator. The operation of the defibrillator in the adult and pediatric modes is explained in paragraphs [0045-0046]. As explained in these paragraphs, in the adult mode the defibrillator delivers a sequence of shock waveforms at energy levels appropriate for adults such as 150 Joules. In the pediatric mode the delivers a low-energy shock sequence appropriate for a child less than eight years of age, such as a 50 Joule waveforms. Nowhere is either of these modes or sequences characterized as using a voltage source as distinguished from a modified current source, or *vice versa*. In Lyster et al. the modes are the same except for the lower energy level for the pediatric patient. The word "current" was used in paragraphs [0039-0042], but this was during an explanation of the current density of a universal electrode 200 or 250. The universal electrode described is one that can be used for both adult and pediatric patients. This electrode is not a difference between defibrillator operating modes. To the contrary, it is to be used with all patients in all modes. The word "voltage" is not used in the Lyster et al. application at all. For all of these reasons it is respectfully submitted that the Lyster et al. application cannot anticipate Claim 19.

Claim 20 describes a method for delivering electrotherapy in one of a plurality of delivery modes, comprising the steps of setting a delivery mode; and selectively configuring an electrotherapy delivery circuit as one of a voltage source or a modified current source as a function of said delivery mode. As just mentioned, the modes described in the Lyster et al. application are pediatric and adult modes, and differ only in that a lesser energy is delivered to pediatric patients, 50 Joules instead of the adult dose of 150 Joules. There is no suggestion of any configuring of an electrotherapy delivery circuit as a voltage source or a modified current source, either in consideration of a delivery mode or for any other reason. The word "voltage" is not used in the Lyster et al. application at all, and the word "current" is used only in describing the current density at the surface of a universal electrode that is

recommended for both adult and pediatric patients. Accordingly it is respectfully submitted that the Lyster et al. application cannot anticipate Claim 20.

In view of the foregoing remarks, it is respectfully submitted that Claims 19 and 20 cannot be anticipated by the Lyster et al. application. Accordingly it is respectfully requested that the rejection of Claims 19 and 20 under 35 U.S.C. §102(e) be withdrawn.

In light of the foregoing amendment and remarks, it is respectfully submitted that this application is now in condition for allowance. Favorable reconsideration is respectfully requested.

Respectfully submitted,

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